PTOISE(66 (66-03)
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PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875							RECORD		09/539972		
QCE/And+											
4-14-05 CLAIMS AS FILED - PART I (Coarne 1) (Coarne 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NAMEER FILED NAMEER ENTRA					RATE	FEE		RATE	FEE.		
BASC FEE MAC OT CFR 1.18(b)								<u>.                                    </u>	OR		790.0
(37	OFR 1.18(c)) EPENDENT CLAS	10	mhus 2	. 0			x s o		OR	×.50-	
100	OFR 1.15(b)	5	5 ma 9 . (		2		x 1•		OR	× 200.	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1660)							+5 a		OR		
"If the difference in column 1 is less than zero, enter 'V' in column 2.							TOTAL		CR	TOTAL	190.00
CLAIMS AS AMENDED - PART II											
0	7 13 D Scotumn 1) . (Column 2) (Column 3)					SMALL E	NTITY	<b>O</b> R		R THAN ENTITY	
ENT A		CLAMS REMAINING AFTER AMENDMENT		HUMEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOL- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	TOUR . CUT CAR I. MOTOR	9	Mérus	20	10		x 5		OR.	z 5	
	(AT CFR L.MAG)	1 4	Minus	<u> </u>	8		x 5		<b>O</b> R	x 5	
AM	FIRST PRESENT	TATION OF MULTIPA	я обрено	ополи ргс	Pl 4.1860))		• 8		OR.	+5	
01/03/06							TOTAL ADD'L FEE		OR.	TOTAL ADO'L FEE	Ð
٥		(Cotumn 1)		(Column 2)				_			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)ME	(CLS) Experience	. 9	Hinus	20	• \varTheta		x \$•		OR	× 5 •	
AMENDMENT	todependem g2 CPR 1, sleep	· 4	Minus	<b>"</b> 5	•0		x 5		OR	x 8=	
₹	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAM (\$7.059.1.48(1))						+ 5		OR		
							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	8
(Cotumn 1) (Cotumn 2) (Cotumn 3)									-		
SF		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST HAMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL PEE
ME	Total CJ CFR Like	•	Minus	-	•		x 9 =		OR	x \$*	
AMENDMENT	OI CAR LINES	•	Minus	-	•		x 5•		OR	× 5 •	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						+ <u>.</u> .		DR	+ s	
							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the ortiginal Number Previously Paid For" DY THIS SPACE is less than 20, enter "20".											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".  "If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 3, enter "2".  The "Hobest Number Previously Paid For"   Total or Indexendent is the Nobest number found in the appropriate box in column 1.											

100 regress remoter reviews to For (1000 or independent) is the ingress number found in the appropriate tool in contain 1.

This collection of information is required by 37 CFR 1.16. The information is required octain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and cubmilling the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing the burden, should be sent to the Chief information (Dison, U.S. Patert and Trademath Office, U.S. Department of Commence, P.O. Box 1450, Abusendria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THUS ADDRESS. SEND TO: Commissioner for Fatents, P.O. Box 1450, Abusendria, VA 22313-1450.